

BOULEVARD PLANTING PERMIT

Forestry Division

City of Aberdeen

605-626-7015

Name: _____

Address: _____ Email: _____

Telephone: (Home) _____ (Work) _____

Species & Quantity Requested (First choice): _____

(Second choice): _____

Tree Planting Location Description: _____

Who will plant the tree? Homeowner _____ City _____

Where will tree be purchased from? _____

** MUST GET APPROVAL FOR TREE SPECIES BEFORE PURCHASE

** TREE SHALL BE 1 1/4" IN CALIPER OR LARGER, SPACED MIN. 35 FEET APART

** THE CITY IS NOT RESPONSIBLE FOR DAMAGED SPRINKLER SYSTEMS.
HOMEOWNER IS RESPONSIBLE FOR LOCATING IRRIGATION BEFORE PLANTING

HOMEOWNER SIGNATURE: _____

Permit Approval: Yes _____ No _____ City Forester: _____

Completion Date: _____ Species Planted: _____